

EXHIBIT Q



POLICE DEPARTMENT
 Medical Division
 59-17 Junction Blvd., 16th Fl.
 Corona, NY 11368

NOTICE OF MEDICAL DISQUALIFICATION PROVISIONAL/NON – COMPETITIVE

DATE 5/20/14	EXAM TITLE CADET	EXAM No. 2215	LIST No. 144	Social Security No. Redacted
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Dear Candidate:

Randy Umanzor

Redacted

Please take notice that the following action has been taken concerning your application for the above-referenced position. Upon designation by the Department of Administrative services (DCAS), The New York City Police Department has found you **NOT QUALIFIED** and is proposing to disqualify you for this position pursuant to Civil Service Law §§ 50 (4) (a) and/or 50 (6) for the following reason:

☒ **Medically Disqualified:**

multiple sclerosis

☐ **Medically Disqualified unauthorized substance in your hair/urine/** _____ **sample.**

☐ **Failed To Complete Medical Examination**

INSTRUCTIONS FOR APPEALING A DISQUALIFICATION BASED ON A FINDING OF AN AUTHORIZED SUBSTANCE:

- ☐ You declined the opportunity to provide a third specimen for independent testing, therefore no independent test is available.
- ☐ Although you indicated a desire to provide a third specimen for independent testing, at the time of sample collection you had an insufficient amount of sample material for a third specimen. Therefore, no independent test is available.
- ☐ You did provide a third sample.

You may request to have the third sample you provided analyzed for

_____ at a laboratory of your choice. The laboratory you choose must be licensed by the New York State Department of Health to perform forensic toxicology testing and otherwise be able to analyze that sample. You are responsible for paying all costs relating to the independent test. The specimen and the results of this test remain the property of the NYPD. If you elect to request an independent test, you **must** notify the Candidate Review Unit at (718) 760-3633 as soon as possible. Also, within **sixty days** of the date of this notice, you must appear at the Candidate Review Unit to provide:

- The name, address, and telephone number of the laboratory you selected;
- Packaging supplies and forms from that laboratory for shipping the specimen;

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- A certified check or postal money order payable to the laboratory in the amount they specify; and,
- Fees for postage.

Whether or not you request an independent test of your sample, or you have been medically disqualified for any reason, **within thirty days of the date of this notice** you may **appeal** the decision to disqualify you by **writing** to the Commanding Officer, NYPD Medical Division, 59-17 Junction Boulevard, 16th Floor, Corona, N.Y. 11368-4189. Your appeal **must** explain why you believe this action should be reversed. The appeal **must** explain why you believe this action should be reversed. The appeal **may** contain supporting documentation or medical evidence, which shall be received by the Medical Division within sixty days of your filing of the appeal.

[NYPD-2/14]

Sincerely,

for Brian McGinn
Inspector

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